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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

## School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

### Helena, MT 59620-2501 **Second Semester First Semester DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 24 Lake 0474 Arlee Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate JT&8 2288 No Ryan, Paula 9.25

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## School District Claim for State Reimbursement for Individual and Isolated Transportation

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### Helena, MT 59620-2501 **First Semester Second Semester DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 24 Lake 0478 Polson H S **High School** District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 23 1677 No HANSON, ROBERT 1.80

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PO Box 202501
Holona, MT 59620-2501

# School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

### Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 24 Lake 0481 St Ignatius K-12 Schools **High School** District Contract **Daily** # of Days Transported # Shared Family's Name Rate 28 1791 No GARIEPY, FRED & LINNEA 9.25

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

# School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

#### **First Semester Second Semester DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 24 Lake 0486 Swan Lake-Salmon Elem Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 73 1418 No CORNETT, THERESA 7.00 CLARKE, PAULA 73 1419 No 1.50 73 1420 No LOVE, PAULETTE 7.00 73 1421 LOVE, PAULETTE 0.00 No 73 1422 LOVE, MONIQUE 7.00 No

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

## **School District Claim for** State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

DUE
DATES

#### **Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent ATES: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 24 Lake 1211 Upper West Shore Elem Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 33 1078 No McMahon, Nola 0.25 LEARN, JENNY 33 1131 No 0.75 33 1423 NIELSEN, CRYSTAL No 1.70 1424 ULLA, KASKI 33 No 1.50 33 1492 DACY, WENDY No 1.50 33 2205 No McCREARY, PAM 2.50 33 2265 No Wheeler, Tracey 2.40